TEXAS Department of State Health Services

Eduardo Sanchez, MD, MPH
Commissioner

Dave Wanser, PhD
Deputy Commissioner for
Behavioral and Community Health Services

Joe Vesowate
Assistant Commissioner for
Mental Health and Substance Abuse Services

IN THIS ISSUE

UPCOMING EVENTS

Karen M. Ruggiero, PhD
Editor

Behavioral Health NEWS BRIEF

Informing policy and practice in mental health and substance abuse services through data

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PURPOSE OF THIS NEWS BRIEF

The purpose of Texas Department of State Health Services (DSHS) *Behavioral Health News Brief* is to inform policy and practice in behavioral health through data.

Each issue will bring to light hospital, community mental health, and substance abuse data trends at DSHS. For instance, data in this first News Brief indicates that the percentage of individuals in Texas state mental health hospitals with whom seclusion was used as an intervention decreased from September 2004 to October 2005, remaining at a low level. This issue also shows how more adults and children are receiving the number of service hours recommended under the DSHS Resiliency and Disease Management (RDM) statewide initiative for community mental health than when the initiative began in Quarter 1 of Fiscal Year 2005. Also highlighted is the fact that the number of clients admitted to substance abuse outpatient treatment services increased from Fiscal Year 2004 to 2005, while the number of clients admitted to residential treatment services decreased during this same time period.

In addition to DSHS data highlights, each News Brief will review recent articles from the research literature, and what each has to teach us when it comes to policy and practice in behavioral health. In this issue, the first article, published in the *Community Mental Health Journal,* shows how important it is for DSHS to remain committed to investigate the issue of disparities in community mental health care, and to develop solutions to achieve equity among the most vulnerable Texans. The second, published in the *Journal of Child and Adolescent Substance Abuse,* teaches us about the value of using multiple prevention, intervention, and treatment options to increase the likelihood of service utilization by non-drinking and drinking adolescents.

Every issue will also feature a DSHS staff member's answer to a question inspired by Joe Vesowate (Assistant Commissioner for Mental Health and Substance Abuse Services), "What have you done for clients today using data?" After all, the mission of DSHS is to promote optimal health for individuals and communities, while providing effective health, mental health and substance abuse services to Texans. And what makes better sense than to use data to help in this endeavor? So, in this issue, Sharon Sheldon (Program Specialist and Family Partner Expert, Community Mental Health Program Services) tells us how she uses data to monitor the use of family members as partners in the delivery of children's community mental health services in Texas.

Upcoming events will also be listed in each News Brief to encourage awareness and participation.

Finally, a message from Dave Wanser (Deputy Commissioner for Behavioral and Community Health Services) is included in the current issue to underscore the importance of data for informing policy and practice in behavioral health.

MESSAGE FROM THE DEPUTY COMMISSIONER FOR BEHAVIORAL AND COMMUNITY HEALTH SERVICES

Dave Wanser, PhD

Welcome to the first issue of the DSHS *Behavioral Health News Brief,* where data is used to inform policy and practice in mental health and substance abuse services. Data-driven decision making is critical to quality behavioral health care. The landmark report on reinventing the healthcare system for the 21st century by the Institute of Medicine (IOM) calls for decision making that is evidence-based, and for providing services based on scientific knowledge. Even the IOM's subsequent report on strategies for improving the quality of healthcare for mental and substance-use conditions recommends that we promote scientific evidence more quickly and promote its application in patient care. Personally, I can't tell you how many times data has helped my ability to communicate what we do, be it with state or federal agency officials, advocates, legislators, or news reporters. It is my hope that this News Brief will help us remain committed to data-based policy and practice in behavioral health by highlighting data trends in DSHS mental health and substance abuse services, while also examining what the scientific literature has to teach us. Enjoy!

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Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, DC: National Academy Press.

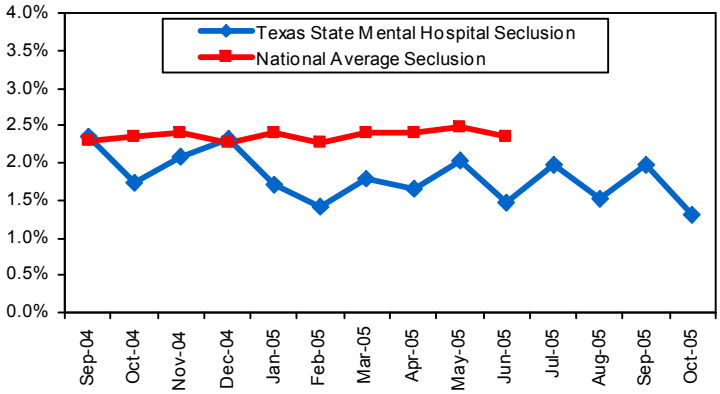
Institute of Medicine. (2005). *Crossing the quality chasm: Improving the quality of health care for mental and substance-use conditions.* Washington, DC: National Academy Press.

HOSPITAL DATA HIGHLIGHTS

Seclusion Rate Remains Low

All Texas state mental health hospitals follow the Texas Administrative Code for involuntary use of behavioral interventions, including seclusion. A rule was adopted to be effective on September 1st of 2004 in conjunction with clients, advocates, and mental health professionals to ensure that seclusion and restraint are used as interventions of last resort. The rule also includes a provision for hospitals to adopt policies that reduce the use of seclusion to the extent possible. But has the use of seclusion decreased over time? And does its use continue to remain at a low level? A data analysis by Bill Manlove (Mental Health and Substance Abuse Hospitals Section) shows that this is indeed the case. As *Figure 1* indicates, the percentage of individuals in Texas state mental health hospitals with whom seclusion was used as an intervention decreased from September 2004 (2.35%) to October 2005 (1.32%), remaining at a low level. In fact, Figure 1 shows that as of January 2005, the seclusion rate for Texas state mental health hospitals was substantially lower than the national average (2.41% to 2.35%). As stated by Commissioner Eduardo Sanchez (December 2, 2004), DSHS plans "to continue using the latest evidence-based practices to work toward our goal of … seclusion elimination," while keeping in mind that "the population we serve – the most severely and persistently mentally ill – may continue to include the most treatment-resistive individuals."

Figure 1. **Percentage of clients in Texas state mental health hospitals with whom seclusion was used as an intervention remains low.**



Source: DSHS Client Assignment and Registration (CARE) system, 02/16/06.

COMMUNITY MENTAL HEALTH DATA HIGHLIGHTS

More Adults and Children Are Receiving Recommended Service Hours

One of the aims of the DSHS RDM initiative for community mental health services is the provision of empirically-supported services to promote recovery from serious mental illness and resiliency for severe emotional disturbance. RDM attempts to ensure that adults and children are not only receiving the types of services that are clinically appropriate, but also the amount of services that are necessary according to evidence-based practices. DSHS standards now recommend that adults and children served at community mental health centers receive at least a minimum number of service hours depending on their service package. For example, a minimum of 3 hours per month is recommended per adult in psychosocial rehabilitation, while a minimum of 4 hours per month is recommended per child in intensive outpatient services. But is this happening? Are more adults and children receiving the minimum number of recommended service hours since RDM began? A recent data analysis by Karen Ruggiero (Community Mental Health Program Services) shows that the answer to this question is "yes." As *Figure 2* indicates, the percentage of adults at Texas community mental health centers receiving the minimum number of recommended service hours increased substantially from Quarter 1 of Fiscal Year 2005 to Quarter 1 of Fiscal Year 2006, with 37% more receiving the minimum number of service hours. Likewise, *Figure 3* shows that the percentage of children receiving the minimum number of recommended service hours increased considerably from Quarter 1 of FY2005 to Quarter 1 of FY2006, with 42% more children receiving the minimum number of recommended service hours. Clearly, further data analyses are needed to determine whether more adults and children experience positive clinical outcomes when they receive the minimum number of recommended service hours versus when they do not.

Figure 2. **Percentage of adults at Texas community mental health centers receiving minimum number of recommended service hours shows improvement.**

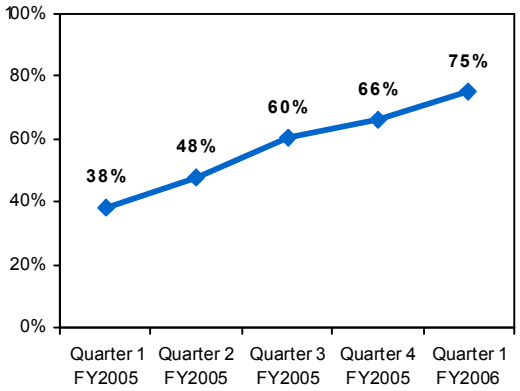
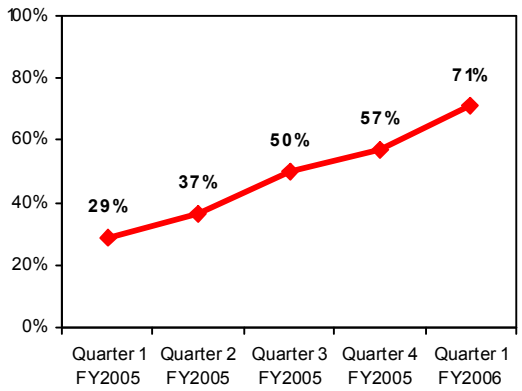


Figure 3. **Percentage of children at Texas community mental health centers receiving minimum number of recommended service hours shows improvement.**



Source: DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW), Business Objects Corporate Report *PM Service Package Minimum Hours*, 01/25/06.

QUESTION FROM THE ASSISTANT COMMISSIONER FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES: "What have you done for clients today using data?" (Joe Vesowate)

ANSWER: Sharon Sheldon (Program Specialist and Family Partner Expert, Community Mental Health Program Services)

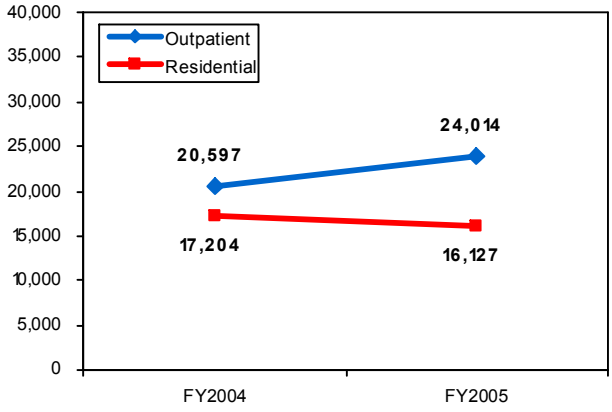
I used data that is submitted to DSHS by the community mental health centers in Texas on Family Partner services for children with severe emotional disorders and their families. I shared a data report that lists the monthly number of children and families who receive Family Partner services with center staff to facilitate child and family engagement, treatment involvement, self-advocacy skills, and positive outcomes. *Family Partners* are family members of children with severe emotional disorders who assist other families navigate their way through the behavioral health and other system(s). Families must have the tools to make informed decisions, drive the services they receive, thrive in their community, and be strong advocates for their children and themselves. Working with community mental health centers in the delivery of Family Partner services is what I do each day for Texas children and their families, and data helps me do this.

SUBSTANCE ABUSE DATA HIGHLIGHTS

More Clients in Outpatient and Fewer in Residential Treatment Services

The *2003 National Survey of Drug Use and Health* by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that one of the most common reasons for why people make no effort to find treatment for substance abuse is the social stigma associated with doing so. Indeed, the experience of stigma may be even more pronounced among individuals who participate in residential treatment for substance abuse, since they might be perceived as having a more serious problem. In an effort to reduce the potential stigma associated with residential treatment and to promote independence among individuals with substance abuse issues, DSHS added policy incentives to improve the use of outpatient services over residential services as a treatment option beginning in Fiscal Year 2005. But has this worked? A data analysis conducted by David Walsh (Community Mental Health and Substance Abuse Data Analysis and Information) indicates that it has. As *Figure 4* shows, the number of clients admitted to substance abuse *outpatient* treatment services *increased* from Fiscal Year 2004 to 2005, while the number of clients admitted to *residential* treatment services *decreased* during this same time period. Although there was an increase of 3,417 clients admitted to substance abuse outpatient treatment services from Fiscal Year 2004 (20,597) to 2005 (24,014), there was a decrease of 1,077 clients admitted to residential treatment services (17,204 to 16,127), representing a 3-to-1 ratio of improvement in the number of substance abuse outpatient-to-residential client admissions. This resulted in an increase in the total number of clients admitted to outpatient and residential treatment services from Fiscal Year 2004 (37,801) to 2005 (40,141) that was just under 6 percent. In fact, a secondary benefit was over 3.5 million dollars in cost savings from Fiscal Year 2004 to Fiscal Year 2005. What is needed next are data analyses to ensure that clients admitted to substance abuse outpatient treatment services are experiencing positive outcomes, as they would if they had been admitted to residential treatment services.

Figure 4. **Number of clients admitted to Texas substance abuse outpatient treatment services shows increase, while number admitted to substance abuse residential treatment services shows decrease.**



Source: DSHS Behavioral Health Integrated Provider System (BHIPS), 02/06/06.

WHAT THE RESEARCH LITERATURE TEACHES US

Effects of Income and Race on Psychiatric Care in Community Mental Health Centers

Eri Kuno and Aileen Rothbard recently conducted a study in a large city in the Northeast. The study, published in the October 2005 issue of the *Community Mental Health Journal,* examined the relationship between the quality of mental health care by community mental health centers and the poverty and racial mix of neighborhoods. Indicators of quality of care were constructed by examining service and prescription patterns for nearly 2,000 adult clients with schizophrenia. Community mental health centers in high-income Caucasian areas were found to have higher quality of care indicators than those in low-income African American areas. That is, high-income Caucasian areas showed a higher percentage of clients on atypical antipsychotic prescriptions than did low-income African American areas of the city (47% vs. 33%). Similarly, a higher percentage of clients using intensive case management emerged in the high-income Caucasian areas compared to the low-income African American areas (76% vs. 29%). The disparities in service patterns across poverty and race compositions in this study are consistent with findings from other studies on community mental health services. The policy and practice issue at hand is how to provide quality community mental health care regardless of client residential location. Indeed, DSHS remains committed to investigate this issue, and to develop solutions to achieve equity in the delivery of mental health care to the most vulnerable Texans.

Kuno, E., & Rothbard, A. B. (2005). The effect of income and race on quality of psychiatric care in community mental health centers. *Community Mental Health Journal, 41*(5), 613-622.

Alcohol-Related Prevention, Intervention, and Treatment Preferences of Adolescents

Many adolescents experience alcohol-related problems. However, the majority report that they would not use an alcohol-related prevention, intervention, or treatment program even if they perceived a need. To further understand alcohol-related service utilization for this age group, Elizabeth D'Amico and her colleagues assessed the alcohol use of adolescents and their preferences for different types of alcohol prevention, intervention, and treatment services, including those derived from focus groups with this age group. As described in the March 2004 issue of the *Journal of Child and Adolescent Substance Abuse,* the researchers surveyed over 2,000 adolescents from four high schools in San Diego County, who they categorized as non-drinkers, recent -abstainers, moderate-drinkers, heavy-drinkers, and problem-drinkers. Despite the use of developmentally relevant service options on the survey, heavy-drinking and problem-drinking high school students still indicated the least intention to try any of the alcohol services. Nevertheless, the survey results did identify several key factors that may impact service utilization decisions for these heavier drinking adolescents, such as confidentiality, no long-term commitment, the availability of group programs, having the program at a convenient time, and being able to relate to the program leader. Traditional interventions, such as school-based programs and 12-Step programs, were consistently rated as least preferred compared to all other options for alcohol services. These findings point to the importance of having distinct alcohol-related prevention, intervention, and treatment programs for adolescents as in Texas, and highlight the value of using multiple options to increase the likelihood of service utilization by adolescents.

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D'Amico, E. J., McCarthy, D. M., Metrik, J., & Brown, S. A. (2004). Alcohol-related services: Prevention, secondary intervention, and treatment preferences of adolescents. *Journal of Child & Adolescent Substance Abuse, 14*(2), 61-80.

UPCOMING EVENTS

February 23, 2006
Mental Health Crisis Redesign Public Hearing
Big Spring State Hospital Allred Building #538, Auditorium/Room #101
1901 North Highway 87, Big Spring, Texas
For more information, see http://www.dshs.state.tx.us/mentalhealth.shtm

March 2-3, 2006
DSHS Council Meeting
Robert E. Moreton Building, M-739
1100 West 49th Street, Austin, Texas
For agenda, stay tuned to http://www.dshs.state.tx.us/council/agenda.shtm

March 9, 2006
New Paths to Recovery Community Forum: New Treatment Option for Opioid Addiction
Council on Alcohol and Drugs, Houston
303 Jackson Hill Street, Houston, Texas
For more information, see http://www.dshs.state.tx.us/sa/HoustonFlyer021006.doc

March 29-30, 2006
DSHS Employee Advisory Committee Meeting
Austin State Hospital, Nifty Fifty Diner
909 West 45th Street, Austin, Texas
For more information, see http://online.dshs.state.tx.us/wpimprovement/deac/default.htm